

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type of Print Clearly)					
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Yosemori	JoAnn	С	(808) 546–3868		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200			(808) 546-8500		
(City)	(State)	(Zip	Code)		
Honolulu	Hawaii	96841			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Hawaiian Telcom, Inc.			(808) 546–3868		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200			(808) 546-8500		
(City)	(State)	(Zip	Code)		
Honolulu	Hawaii	968	41		

PART II ORGANIZ	ATION		
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Telcom Communications, Inc.		(808) 546–3868	
MAILING ADDRESS (Street)		FAX	
P.O. Box	2200	(808) 546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn C.	Yosemori	(808) 546-3868	
MAILING ADDRESS (Street)		FAX	
P.O. Box	2200	(808) 546–8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	H YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development		
X Communications & Public Utilities	X Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	X Other: (indicate below) Telecommunications		
Ecology, Energy Environmental Protection	Housing	X Public Safety & Corrections			
					
PART IV CERTIFICATION	N OF LOBBYIST				
		s, to the best of my knowledge,	correct and complete.		
0 7					
- Jumo			1-19-06		
	(Signature of Lobbyist)		Date)		
PART V AUTHORIZATIO	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
Michael S. Ruley Chief Executive Officer					
NAME OF ORGANIZATION (if app	olicable)	TEL	EPHONE		
Hawaiian Telcom Services Company, Inc.			(808) 546–7844		
MAILING ADDRESS (Street)		FAX	ζ		
]			
P.O. Box 2200					
(City) (State)		(Zip Code			
Honolulu	Hawaii	96841			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
A A A A					
Thereby authorize the a	1010 1				
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